



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON DC

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MEMORANDUM FOR SEE DISTRIBUTION


FROM: HQ USAF/SG
110 Luke Avenue, Room 400
Bolling AFB, DC 20332-7050

SUBJECT: Automated Documentation of Child and Adult Immunizations

In order to enhance delivery, effectively monitor performance, and improve documentation and tracking of immunizations, all TRICARE Prime beneficiary immunizations should be recorded in the Military Immunization Tracking System (MITS) beginning 1 August 2000. Details of this policy are provided in the enclosed attachment.

The Anthrax Program has shown that MITS is an effective tool for documenting and evaluating compliance with required immunization programs for active duty. In addition, automated tracking and recall systems are associated in the medical literature with improvements in vaccination coverage (see references in attachment). Currently, we have difficulty verifying immunization status of non-active duty beneficiaries not recorded in MITS.

Childhood immunizations are a primary performance measure in evaluation of "desired end states" for Primary Care Optimization (SG Policy Letter # 00-002, 5 April 2000). The metric is modeled after the Health Plan Employer Data and Information Set (HEDIS®) measure and is an area of concern in the Healthy People 2010 Objectives. Use of MITS for documentation of all beneficiary immunizations will facilitate use of this metric, while helping prevent disease in our population. We appreciate your assistance in this important step forward in health care delivery in the Air Force. My POC for this memorandum is Col Dana Bradshaw, AFMOA/SGOP, 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-7050, DSN 297-4268, e-mail: dana.bradshaw@usafsg.bolling.af.mil.


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Surgeon General

Attachment:
Implementation of Automated Immunization
Tracking

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Implementation of Automated Immunization Tracking

In order to improve documentation and tracking of immunizations and effectively monitor performance, all TRICARE Prime beneficiary immunizations of individuals enrolled to the military treatment facility administered as of 1 August 2000 should be recorded in MITS. In addition, for children born after 31 July 1998, all historical immunization information, including all shots given in a vaccine series, should be transcribed into MITS. Transcription may occur in association with episodic clinic visits, but in all cases should be completed by 1 August 2001.

Transcription of historical immunization data for other beneficiaries, including older children, may occur as clinical opportunity permits. In the case of adult vaccines given in a series, only the last (or most recent) shot in the series need be entered, however it must be marked as the correct number (e.g., first, second, third, or fourth) in the series.

General Policy on Use of MITS for Immunization Documentation

MITS (or a succeeding DoD-approved immunization tracking program which forwards information to the Defense Eligibility Enrollment System, such as the Centralized Immunization Tracking Application [CITA]) will be considered the electronic medical record for immunization and the primary source of documentation. Hereafter, in anticipation of this progression, these immunization tracking systems will be referred to collectively as MITS/CITA.

Documentation in MITS/CITA shall comply with the requirements of the National Childhood Vaccine Injury Act (NCVIA) of 1986 (Section 2126 of the Public Health Service Act, 42 U.S.C. 300aa-26), as amended 14 December 1993. Appropriate documentation in MITS/CITA will obviate the requirement to maintain a paper log of immunization services. If due to power outage or other circumstances MITS/CITA is unavailable, a paper log meeting the requirements of the NCVIA may be used, but the information should be transcribed to MITS/CITA at the earliest opportunity, as it is considered the permanent computerized record of immunizations. As a permanent electronic medical record, local MITS/CITA databases should be electronically archived on at least a daily basis, and appropriate measures taken to provide electronic security for privacy data, including password access.

Department of Health and Human Services (DHHS) Form PHS 731. The PHS 731 will be prepared upon request. Per WHO International Health Regulations, Article 80, an official copy of the DD 2766c can be used by active members of the armed forces in lieu of the PHS 731 (i.e., the PHS 731 is not required for military personnel). If used, the DHHS Form PHS 731 remains in the custody of the individual, who is responsible for its safekeeping and for keeping it in his or her possession when performing international travel. Data is entered by hand, rubber stamp, typewriter, or by direct overprint from MITS/CITA (when formatted for printing to the PHS 731).

A printed report in PHS 731, DD 601 or DD 2766c format, accompanied by an authorized signature AND stamp, will qualify as an official printed copy for instances in which a printed copy is required. Children should have a printed MITS/CITA report compliant with NCVIA requirements (MITS Vaccine Administration Record, DD 2766c) placed in the medical record after each immunization. Updated forms will replace those previously in the medical record. When available, a DoD approved children's version of this form will be used.

All adults, age 18 and older, should have a printed immunization record in the DD 2766c format from MITS/CITA placed in the medical record upon initial documentation in MITS/CITA. At minimum, health care personnel should verify that the printed version of the DD 2766c from MITS/CITA is accurate and appropriately updated at the annual Preventive Health Assessment (PHA), at Permanent Change of Station (PCS), transfer of medical records, prior to deployment, and other clinically appropriate times. On these occasions, if the form is updated, the current DD 2766c will replace the old printed copy in the medical record.

An official printed copy of the Vaccine Administration record from MITS/CITA (authenticated by appropriate clinic personnel as noted above) may be provided to patients or adult guardians for verification of immunization status for day care, school, or other purposes. Alternatively, the PHS 731 may be provided, if preferred or needed for travel.

Point of Service Immunizations

Migration to this approach is encouraged, as it will facilitate patient care access and help evenly distribute workload. All avenues of providing immunizations at the point of service shall be explored and implemented where feasible. Supporting this initiative, AETC has published a Distance Learning Immunization Module (available via the internet at <http://sg-www.satx.disa.mil/school/immtech.html>) to standardize training of those to provide this service. Maintaining integrity of the immunization process is essential. Experienced technicians should be utilized to provide initial/maintenance training as well as oversight for the program.

Centralized immunization data repository

Until DEERS is available to receive dependent immunization data, the Office for Prevention and Health Services Assessment (OPHSA) and the Population Health Support Office (PHSO) at Brooks AFB have arranged to receive and archive all MITS/CITA data forwarded from AF sources. At least quarterly updates of the centralized data repository information will be sent to AF medical treatment facilities for updating local MITS/CITA databases pending availability of the DEERS dependent data interface or CHCS-II with integrated immunization capability. Until future improvements are realized, immunizations personnel should verify and reconcile the patient's current immunization status between the paper record in the chart and the local data in MITS/CITA when a patient has initially transferred their record from one medical treatment facility to another.

Precedence

This policy supplements or supersedes current recommendations in AFJI 48-110, Immunizations and Chemoprophylaxis, pending revisions.

References: Briss, et al. Reviews of Evidence Regarding Interventions to Improve Vaccination Coverage in Children, Adolescents, and Adults. *Am J Prev Med* 2000; 18(1S):97-140; *Progress in Development of Immunization Registries - United States, 1999. MMWR, April 07, 2000 /49(13); 274-8).*